

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 29, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the nerve conduction studies, nerve conduction/sensory, each nerve, H/F reflex studies were not found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the nerve conduction studies, nerve conduction/sensory, each nerve, H/F reflex studies were not found to be medically necessary, reimbursement for date of service 2/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20<sup>th</sup> day of November 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** November 19, 2003

**RE: MDR Tracking #:** M5-04-0280-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Clinical History**

According to the supplied documentation, it appears that the claimant slipped and fell at work on \_\_\_\_\_. She reported that she experienced pain in her back and tailbone as a result of the fall. The claimant reported to \_\_\_\_\_ for evaluation and treatment of her symptoms. \_\_\_\_\_ diagnosed the claimant with lumbar sprain/strain with radicular signs. Plain film x-rays were performed on 12/10/2002 and revealed postural alterations with no other abnormalities. A CT scan and MRI were performed on 12/12/2002 that revealed a 3 mm disc protrusion at L3-4. A nerve conduction velocity/electromyogram study was performed on 12/13/2002 and reported that the claimant had bilateral S1 nerve root irritation and bilateral L5 nerve radiculopathy. The documentation continued, but is unrelated to the service in question.

**Requested Service(s)**

Please review and address the medical necessity of the outpatient services including Nerve Conduction Studies and reflex visits rendered 12/13/2002.

**Decision**

I agree with the insurance company that the services rendered including the NCV/EMG study and reflex visits are not medically necessary.

**Rationale/Basis for Decision**

According to the supplied objective documentation, it appears that the claimant sustained a sprain/strain with radicular symptoms following a fall at work on \_\_\_\_\_. Multiple diagnostic tests were performed to evaluate the claimant's injuries. The documentation supplied did not support that the electromyogram/nerve conduction velocity test performed was a needle electromyogram. This would be the appropriate test to rule out any possible radicular signs. The position of the American Academy of Electrodiagnostic Medicine and the American Academy of Physical Medicine & Rehabilitation shows that surface electromyogram's (SEMG) has poor clinical usefulness:

“The available literature demonstrates that SEMG, as available with most commercial devices, may detect some fasciculations. A few research laboratories with more complex computer signal processing capabilities have been able to detect muscle and nerve pathology which may correlate with the clinical course of some, but not all, diseases tested. Where correlation with disease is demonstrated, the clinical utility of the information gathered is not proven. Even with advanced processing capabilities, there are severe limitations to the information which can be gathered by SEMG. Although its sensitivity in comparison to needle EMG has not been extensively tested, theoretical data suggests that it is quite low. There is in fact almost no literature to support the use of SEMG in the clinical diagnosis and management of nerve or muscle disease.”

Since the test performed appears to be a surface electromyogram/nerve conduction velocity test, the procedure is not considered medically necessary in the treatment of the claimant's compensable work injury.